

Please Complete:

Last Name _____
 First Name _____

Age Group: Primary Juniors Jr. High High School Adult
 Week/Camp Designation, (i.e. RC-2) _____

Church/Group Name _____

Personal Information					
Camper's Last Name (Printed)			Camper's First Name (Printed)		M.I.
Street Address			Date of Birth (Month, Day, Year)		Age
City			State	Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
			Height	Weight (lbs.)	

Immunization Records

If there are any religious or personal objections that do not allow your child to receive immunizations, you must sign the written statement below that you object to immunization, but certify that your child is in good health.
 I have religious/personal objections, and my child is in good health. _____

Signature _____ Date _____

Indicate date of all immunizations. Our medical providers require an accurate record of current immunization status.

	1	2	3	4	5	6
Tetanus/Diphtheria DPT/TD						
Polio OPV/IPV						
Measles/Mumps/Rubella MMR						
Hepatitis B (Not required) HBV						

Health History

Check if these apply to your child (you, if an adult). If necessary, attach an additional page to describe health history in detail.

Allergies:

- No known drug allergy
- Aspirin
- Penicillin
- Ibuprofen
- Acetaminophen
- Nuts—List: _____
- Bee/Wasp
- List other medication allergies _____
- Food Allergies (List, describe) _____

Reaction to Allergen:

- Rash
- Local Swelling
- Breathing Problem
- Anaphylactic Collapse
- Other _____

Conditions:

- Diabetes
- Asthma
- ADD or ADHD
- Seizures
- Bed Wetting
- Counseling or therapy—Describe (e.g., depression, grief, eating disorder etc.) _____
- Other conditions/Special health needs/Physical limitations: _____
- Behavior—Describe (e.g., sleepwalking, night terrors, etc.) _____
- List operations or injuries (include dates) _____
- Recent exposure to contagious/infectious diseases: _____

List current Medications: (Dosages not necessary.) Medications must be brought to camp in original prescription container.

Insurance Information

In the event of illness, parents/adults are completely responsible for any necessary treatment costs incurred. In case of accident or injury, Kidder Creek holds limited secondary coverage status. Our insurance begins where yours ends. Please attach a copy of both sides of your insurance card or complete the information below. A copy of your card is preferred as it expedites our access to the most cost effective medical services when needed. Please mark "none" if your child/you is(are) not covered by health insurance. None

Carrier or plan name	Carrier address	Policy holder ID#	Name of policy holder
Group policy number		Carrier telephone number	Relationship to camper

Emergency Contact Information

Parent/Guardian/Next of Kin name	Parent/Guardian/Next of Kin home phone	Parent/Guardian/Next of Kin work phone	Parent/Guardian/Next of Kin cell/pager
Family physician name	Family physician phone		
Emergency contact name (if Parent/Next of Kin cannot be reached)	Emergency contact phone	Relationship to camper	

I hereby certify that the above health record is, as of this date, accurate and complete.

Parent/Guardian or Adult Signature _____ Date _____

continued on back page

LIABILITY RELEASE (Age 17 and under) – Please read carefully

I. Limited Purpose Power of Attorney: Consent to Treatment of Minor (Must be signed by parents or legal guardians)

- A. By signature below, the undersigned appoints the Camp Director or Nurse each to act alone, or delegate to another person, the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of (child's name) _____ determined necessary or desirable by the attending physician at the hospital.
B. This Power of Attorney shall continue until revoked by the undersigned, or until December 31, 2010, whichever is earlier. Physician's or the hospital's medical staff may assume and rely on this authorization being current and in effect during such period unless notified otherwise.
C. The undersigned certify that they have read this Power of Attorney (or had it read to them), that they understand this Power of Attorney, and sign it voluntarily.

II. Photo Release & Follow Up

By signature below, I certify that photographs or videotape pictures of my child participating in Kidder Creek Camps programs may be reproduced and utilized by Kidder Creek/Mount Hermon in promotional materials for the camp. I certify that for purposes of following up on my child's camp experience, Kidder Creek may release my child's name to a church or other youth organization.

III. Release and Indemnity Agreement for Kidder Creek Camps Camp Participants (Age 17 & under)

By signature below, I certify the following: (1) that my child's participation in Kidder Creek activities and programs, and my authorization of my child's participation in Kidder Creek activities and programs, is completely voluntary, and (2) that I have familiarized myself with the Kidder Creek activities and programs in which my child will be participating. I further recognize and have instructed my child in the importance of knowing and abiding by Kidder Creek rules, regulations and procedures for the safety of camp participants.

I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by Kidder Creek, including, more specifically, but not limited to, swimming, diving, zipline, ropes course, whitewater rafting, rock climbing, paintball, and horsemanship. I acknowledge that although Kidder Creek has taken safety measures to minimize the risk of injury to camp participants, Kidder Creek/Mount Hermon cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. Moreover, I understand that participation in any such activities may involve the risk of injury and loss, both to person and to property, and that the risks may include the possibility of permanent disability or death, I assume all such risks connected with my child's participation in Kidder Creek activities and programs.

I understand that in the unlikely event of a serious illness or injury, reasonable effort will be made to notify the parents or legal guardians at the earliest possible time without jeopardizing the care of the camper or minor staff. Parents or guardians will be notified if their child receives treatment for an injury/illness that requires a physician.

In consideration of Kidder Creek's accepting and permitting my child to attend camp and participate in camp activities and programs, I release Kidder Creek and its trustees, officers, employees, agents, and volunteers from any and all liability (excluding liability for intentional or reckless misconduct) for, and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in Kidder Creek activities and programs, whether or not caused in whole or in part by the negligence or other misconduct of Kidder Creek, its trustees, officers, employees, agents and volunteers. I further agree to indemnify and hold harmless (in other words, to reimburse and to be responsible for) Kidder Creek, its trustees, officers, employees, agents and volunteer for and from any and all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any claim I might make or that might be made on my or my child's behalf, that is released and waived by this instrument), in any way connected with or arising out of my child's participation in Kidder Creek activities and programs, whether or not caused in whole or in part by the negligence or other misconduct of Kidder Creek, its trustees, officers, employees, agents, or volunteers.

I represent that I am the parent or legal guardian of (child's name) _____ at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understand the terms of this agreement.

Note: This form must be signed by both parents unless one is deceased, mentally incompetent, has had parental rights terminated, there has been a divorce, or parents are unmarried. In case of divorced or unmarried parents, the parent having physical custody of the child should sign. (The signing parent should understand the indemnification clause above defending Kidder Creek Camps/Mount Hermon Association against claims by other parties on behalf of the child.) If neither parent has legal parental rights, or both are deceased, this form must be signed by the legal guardian(s) of the child. This agreement will be enforced in accordance with the law of the State of California.

If there are not two parent signatures below, please indicate the reason why by checking the appropriate box.

- Missing parent is deceased.
Missing parent is mentally incompetent or has had parental rights terminated.
Parents are divorced or unmarried and signing parent has physical custody of the child.
Both parents are deceased, and a legal Guardian(s) is/are responsible for the child
Parental rights have been terminated, and a legal Guardian(s) is/are responsible for the child
Missing parent is on active duty in the military.

Date: Month _____

_____ Day _____, 2010

Father's or Legal Guardian's Signature _____

Mother's or Legal Guardian's Signature _____

DO NOT FAX

Mail to: Kidder Creek Camps
PO Box 208
Greenview, CA 96037-0208